

! Print in ink or type.
! Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, or fax to (225) 763-8787. For information or assistance, call (225) 763-8777 or (800) 842-6630. No fee is required.
! This form must be submitted within 5 days of any changes in your registration form or to add employers or those you represent. It must be submitted within 10 days of any termination of employment or representations.

Postmark Date: 8-16-09

Term

ack ✓

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I. NAME Reine Alvin J.
Last First M

NAME _____
CHANGE _____ Last _____ First _____ M _____

2. BUSINESS PHONE (318) 797-3302
(Area Code) Phone Number

3. FAX PHONE N/A

4. BUSINESS ADDRESS	9654 Norris Ferry Road	Shreveport	Louisiana	71106
	Street and No.	City	State	Zip

MAILING ADDRESS SAME _____
 _____ Street and No. _____ City _____ State _____ Zip _____

5. EMPLOYER TAP Pharmaceuticals

6. EMPLOYER'S ADDRESS 675 North Field Drive Lake Forest Illinois 60045
Street and No. City State Zip

7. Have you ceased or terminated all lobbying activities requiring registration? Yes ☒ No ☐

8. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

11 Name **TAP Pharmaceuticals**

Address 675 North Field Drive, Lake Forest, Illinois 60045

Business or purpose Pharmaceutical manufacturer

☐ **New Representation**
Does this person pay you?

IF No. who pays you? _____

☒ Terminated Representation as of August 5, 2008

**EXECUTIVE LOBBYING
SUPPLEMENTAL REGISTRATION FORM**



2) Name: N/A

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

3) Name: N/A

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

Alvin Reine:



Signature of Lobbyist